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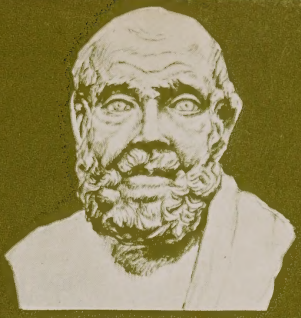

SEPTEMBER, 1968

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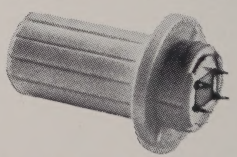

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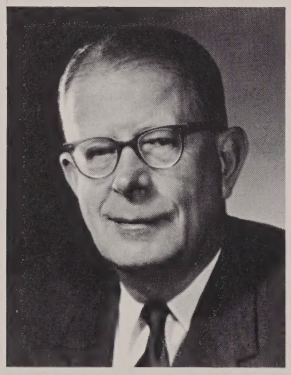


A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

from

DWIGHT L. WILBUR, M.D.
President, American Medical Association

The medical profession faces many problems and dilemmas in these times of rapid change.

Some of the most important involve our profession's relationship with government. Where do we stand in relation to government financing of medicine? Who will do the planning on health in the future? Who will guide the changes that – inevitably – are coming? Who will make the decisions? Who will provide leadership in the health care field?

It is vital for the American medical profession to plan for the future – and to plan as never before.

Much of this vital planning must be done at the level of the state and local medical societies.

Local medical societies must assume a position of leadership in their communities. They must develop a clear understanding of the scope and responsibility of medicine in this new era of health care. They must develop means of acquiring the facts, and dependable information on the needs and economics of health care in their areas, and local societies must find out how

improvements can be accomplished under our system of private practice of medicine, or some sound alternative.

Planning must include legislative programs at state and local levels as well as the national level. Local societies must accept the fact that the medical profession is involved in health care with government at all levels, whether we like it or not.

We must cooperate effectively with government and others in the health field, or we will by default bow out and let others assume the leadership in planning, developing and delivering quality health care for everyone.

We must plan at all levels in order to exercise leadership over all of the health care field – government, industry, labor, and all segments of the public. We must participate actively in the legislative process, and in planning and administration of health laws and regulations, at the state and local level, as well as at the national level.

In our planning, we must keep in mind the best ways to meet the needs of the public. But we must clearly distinguish between needs and demands, for there is wide latitude between them, professionally, socially and economically.

Individual physicians, and local and state societies, must get the facts on the economics of medical practice and on all health care. We must become *THE* experts in this field.

Our planning must demonstrate the effectiveness of the private system of medical care and of the voluntary health insurance mechanism. We must plan to make them more effective, more widespread and universal, more comprehensive, and as economical as possible.

Our local and state societies must make it clear, honestly and frankly, that health care costs are going to rise, and why they will rise.

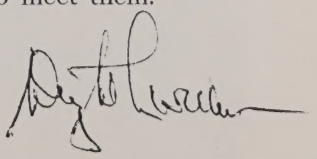
We must show that costs and expenditures for health care will be pushed up by inflation, increased population, greater demands and utilization by consumers, more accessible and more expensive facilities, rising costs of personnel and highly technical services, and payment for services by third parties, private and government.

But while we make this clear to the public, we must plan to hold down costs by making use of hospital beds only when clearly necessary, by encouraging the development of more extended care facilities and nursing homes, and by making every effort to encourage carriers to increasingly cover the costs of care outside the hospital.

Our planning must include expansion of medical school facilities and numbers of students so that every qualified applicant is able to find a place in our medical schools. We must also encourage young people to enter allied professions in the health field. State and local societies can play a vital role in this area.

Our state and local societies must participate in all kinds of planning related to health. By participating in, and, where needed, establishing health planning councils, commissions and committees at the local, county, regional, and state levels, we can give the leadership that is so desired, and that the public expects of us.

There is no more important aspect of such planning than discovering the needs for care at the local level, and then in helping to meet them.



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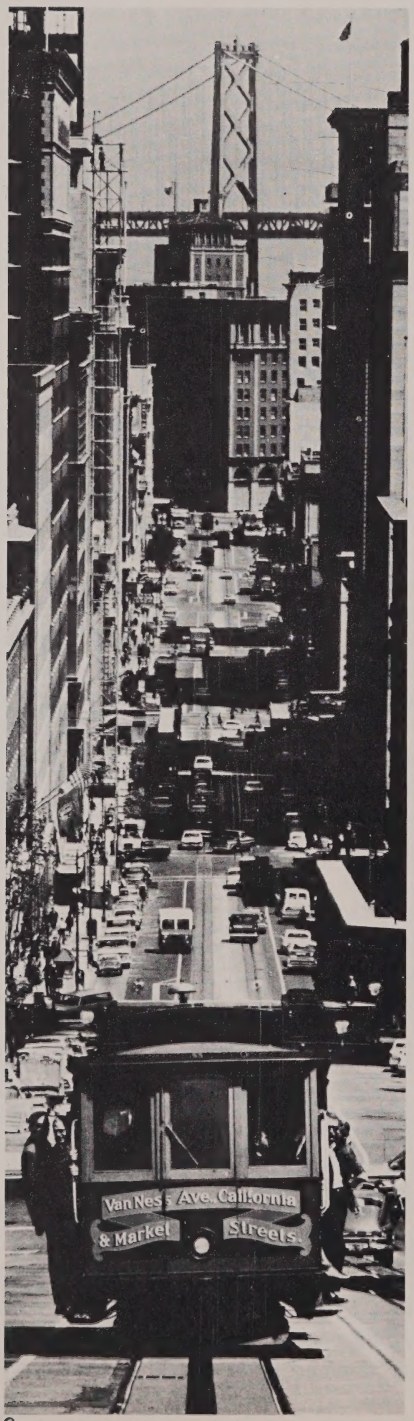


"Looking Ahead" at both the problems and opportunities facing the medical profession was the theme of the 117th annual meeting of the AMA's policy-making House of Delegates in San Francisco this June 16th to June 20th. With pickets representing the poor outside and two uninvited activists — one, a senior medical student from Stanford University, representing the Medical Committee on Human Rights, the other, a welfare worker and official of the Bay Area Poor People's Campaign — seizing a microphone and addressing the House during the opening rituals on Sunday created, to say the least, an unusually different mood for this history making meeting. In the latter instance, Speaker of the House, Dr. Walter Bornemeier of Chicago, maintained order while the two men took turns in speaking for a total of 13 minutes. Thereupon, an agreement was worked out with the dissidents to prevent any further interruptions by allowing the militant groups' views to be presented to the House. This culminated in a written statement being presented on Tuesday to Speaker Bornemeier setting forth the objectives of the Medical Committee on Human Rights; the said statement was read to the House as a matter of information.

With the unexpected disruption terminated, President Milford O. Rouse set the pace for the meeting in his final report to the House by quoting Patrick Henry — "I know of no way to judge the future but by the past" — and urging the House "to consider seriously the lessons of the past as the AMA faces the significant challenges of the future. He reviewed some of the activities and accomplish-

ments of the AMA during the preceding 12 months, but concentrated his primary attention on the future. He urged physicians and their wives to become "active, participating citizens" in their communities, including the realm of political activity, and called for "enthusiastic support" of AMPAC to help move the federal government toward "a more moderate political philosophy."

Referring to recent riots and civil unrest, Dr. Rouse said "this growing affection for anarchy . . . this burgeoning attitude that any means, however violent, however distasteful, however destructive of the rights and property of others, is justified to reach an end desirable to a single group . . . must be changed if the progress of our nation is to continue."

To make it continue, he said, will require "a reaffirmation of personal responsibility and integrity," with each person and each social, corporate, economic or political group making "an honest 'revaluation' of the way society's problems can best be solved in the interests of all of society."

STEER, NOT BRAKE

Dr. Dwight L. Wilbur, who took office as President in his home city, warned in his inaugural address on Tuesday that organized medicine must experiment, plan, and take the leadership in channeling increasingly powerful governmental forces to meet the needs of society. "A government that expends more than $10 billion for health isn't to be ignored."

He pointed out that during the next 25 years, which will see greater change than ever before in medicine, the "ultimate force" that will determine the nation's social, economic and political course will be public opinion. "The key question," he added, then becomes "who and what will shape public opinion." Dr. Wilbur's answer was: "we must develop a clear understanding of what should be the scope and responsibility of medicine in the new era of health care, but we must establish the purpose and goals of our societies and of medicine . . . we must assume a position of leadership in our communities, in our state and in the nation, seeking the cooperation of all others in the health fields so these goals and purposes will be attained." In the long run, he added, medicine's advice on the role of medicine in society and on the economics of health care "will be successful only if it has the support of public opinion . . . We are as educated, intelligent and sophisticated as any group in the country. We have the ability and we must not fail."

Following up in his first report to the House on Thursday, President Wilbur said "the goal we seek is a high quality of medical care for every American. Having gained the leadership in scientific achievement in medicine, we must now act to assure leadership in the larger area of social and economic changes." We must, he added, recognize the "striking social phenomenon of the 1960's" which is "the great clamor by the public and politicians for government financing of health care. It is a significant part of the trend begun in this country in the 1930's for increasing dependence on government."

Some specific answers to the problems ahead were listed by Dr. Wilbur. "We must:

Remain free; unshackled; a pro-

fession and not a group of technologists . . .

Exercise cooperative leadership of all those in the health care field — government, industry, labor and all segments of the public . . .

Participate actively in the legislative process, and in planning and administration of health laws and regulations . . .

Keep in mind the best ways to meet the needs of the public for the benefits medicine has to offer . . .

Get the facts on the economics of medical practice and of all health care . . . become the experts in this field . . .

Demonstrate the effectiveness of the private system of medical care and of the voluntary health insurance mechanism . . .

Recognize, and with honesty and frankness indicate to the public, that health care costs are going to rise and why . . .

Expand medical school facilities and numbers of students so every qualified applicant may find a place in our medical schools . . .

Continue to advance knowledge of the causes of major illness . . .

Play a more active role in all kinds of planning related to health . . .

Take a more active part in the political systems at the local, state and national levels."

In conclusion the President stated "as we begin this year of fateful developments for the health of our country and its people, let us focus on directing the course of the future.

"We must do this by planning; by being prepared; by turning unexpected developments in the direction of progress by fostering high quality of medical care along with broadened availability; and by invigorating the growth of the profession by increasing its numbers and by activating its young members and passing on to them a bright and unflickering torch of devotion to human service."

ELIMINATING DISCRIMINATION

The House approved the Massachusetts Delegation's resolution that "the bylaws of the AMA be amended to provide that in addition to receiving 'appeals filed by applicants who allege that they, because of color, creed, race, religion or ethnic origin, have been unfairly denied membership in a component and/or constituent association,' determining facts and reporting its findings to the House of Delegates, the Judicial Council shall, if it determines the allegations are indeed true, admonish, censure or, in the event of repeated violations, recommend to the House of Delegates that the state association involved be declared to be no longer a constituent association of the AMA."

The Council on Constitution and Bylaws will draw up the necessary new wording for the bylaws for action at the next meeting of the House.

In addition, a joint statement of the

AMA and the National Medical Association was contained in a Board report accepted by the House for information. The statement pointed out that the number of Negro physicians, although not specifically known, is not in proportion to the Negro population and that the difficulty in finding more than a few promising candidates for medical school "reflects cultural and educational problems stretching back to the quality of instruction in the secondary and primary grades and that of pre-school training in the home."

The AMA and the NMA concluded that "genuine solutions to the problems of increasing the supply of Negro physicians must emanate through improved curriculums, better teaching and specialized courses of training at all school levels for promising Negro students."

Also urged by the two associations were that: "Special college courses be developed for such students. Additional scholarship aid be established at both the college and medical school level for Negro students . . . Summer programs of special study be arranged for all disadvantaged students about to enter medical school . . . All medical schools encourage members of their faculties to sponsor special projects involving Negro high school students in laboratory work or other enlightening pursuits to enrich their experiences. All medical societies, medical schools and related groups expand their careers programming with students, parents and guidance counselors at schools of all levels . . ."

HEALTH CARE COSTS AND FINANCING

A report of the Committee on Health Care Financing, transmitted by the Board, was accepted for information. It included background on the Committee's findings and set these directions for the future:

"Adequate health care should be available to all who need it. Recent scientific advances have served to vastly increase the demand for medical services and to increase health care expenditures. Methods of financing health care must aid all individuals to achieve the health services they need. Voluntary programs to finance the costs of health services must accomodate to continuing changes and growth."

Proposals under study by the Committee include a community fiscal agency for health services, "not as a

competitor for existing health insurance plans, but to complement those efforts and stimulate greater achievement;" and "income tax credits for the premiums paid for adequate health insurance . . . an effective and feasible method of encouraging maximal participation in voluntary comprehensive health insurance programs."

A resolution was adopted that "the principle of graduated income tax credits for premiums paid for adequate health insurance be adopted as approved policy of the AMA."

Another adopted resolution urged all state and local societies "to act swiftly and firmly in all instances of

known exploitation and excessive charges for health care that may occur in their jurisdictions."

A resolution referred to the Board called for a program by the AMA of "defining, explaining and reporting the many categories of health care expenditures; analyzing health care cost and expenditure data developed and reported by other sources; and providing . . . information on health care costs which can be used to place the true costs of medical care in proper perspective with the public."

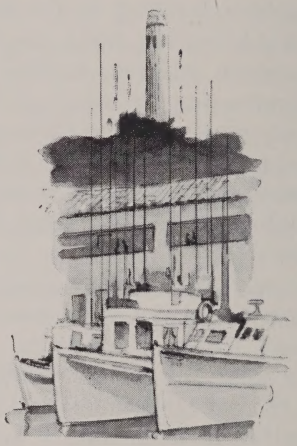
A Board report on the economics of health care, adopted by the House, pointed out that the Board "has approved a committee recommendation that a technical evaluation of the full potentialities of the AMA in the field of economics of health care be carried out by a small advisory group of competent, nationally recognized economists. It is expected that this will be done promptly."

In the area of reducing costs to patients, the House adopted a resolution that "the AMA endorse the principle of voluntary health insurance coverage for outpatient x-ray and laboratory services acceptable to the hospital and its medical staff wherever performed prior to a scheduled hospital admission;" and adopted another resolution that "all insurance companies and fiscal intermediaries" adopt and authorize the use of standard forms in conjunction with a single hospital admission to save physicians time and expense.

With respect to physician time, the House recognized "the excellent contribution made to the continuing education and improvement of physicians' knowledge by many methods of medical meetings, scientific conferences and critical review of clinical experience," but pointed out that these must "be contained within the physician's available time" and urged "continued experimentation in methods that would . . . conserve the physician's time and thus improve the quality of patient care."

LEGISLATION AND RELATIONSHIP WITH GOVERNMENT

Regarding comprehensive health planning, the House adopted a Board report recommending that "the House of Delegates urge those states which have not held informational conferences on the subject to conduct orientation conferences in order to reach a



greater number of leaders at the local level. The report pointed out that "the Department of Hospitals and Medical Facilities has mailed periodically to each state medical association packets of pertinent references on PL 89-749 and PL 89-239 . . . and . . . the Board has authorized development of a 'Handbook on Prototypes of Community Planning for Health Services' based in part on field surveys."

Also adopted was a Council on Medical Service report on comprehensive health planning which recommends that "the AMA and the constituent and component societies give unstinted, diligent attention to the process of comprehensive health planning which, at present, places priority on local initiative and decision-making, and that the AMA at all levels endeavor to assure through all appropriate means, a system of checks and

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balances so that state and area planning agencies are not given authority to subordinate local planning efforts and dictate local decisions on health planning."

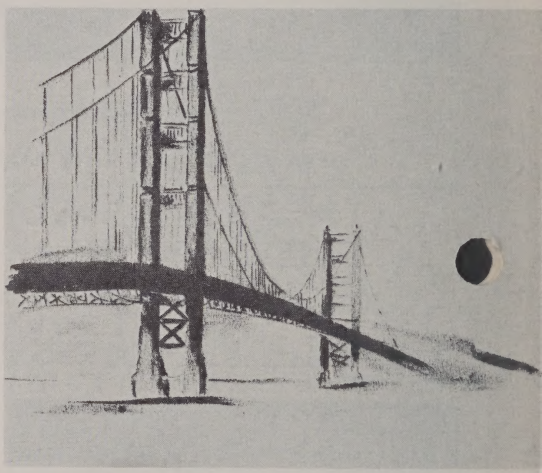
Two resolutions concerning comprehensive planning were combined to state the House's will that 'medical societies encourage the organization of local health planning councils without the assistance of HEW grants."

The House also expressed its will that "the society should use some mechanism such as a nonprofit corporation or other entity, separate from the society itself and served by an independent administrative staff, where possible, to avoid direct operational involvement of the medical society as a body."

A Council on Medical Service report adopted by the House pointed out "there are no easy, black-or-white solutions to this dilemma. With government increasingly involved in research and experiment in the delivery of health services and payment for care, we cannot ignore government programs. On the other hand, the multiplicity of programs and approaches at the national, state and local level precludes blanket endorsement of any given level of involvement. The Council therefore recommends that this House make it clear that medical societies *may,* after mature consideration, legitimately take part in such programs . . . and that it should trust to the good sense of the individual state and county societies to recognize the serious import and the need for careful study before deciding on such a step."

To strengthen the AMA's continuing liaison with the federal government on matters of health legislation, the House adopted a statement that because "the private practicing physicians are the best qualified group in matters pertaining to health services," the AMA should "request the Secretary of HEW to continue to solicit the advice and counsel of those practicing physicians designated by their medical associations at the local, state and national level in formulating future plans and programs and in modifying existing programs, in order to provide the best quality health care to the people of the United States."

Three resolutions were introduced objecting to the government's support of group practice, particularly the prepayment type. They were combined into one substitute, namely, "Resolved, that the AMA continue to espouse the private, fee-for-service practice of medicine; and be it further



resolved that the AMA strongly disapproves of the provision of funds by the federal government for subsidizing any one form of organization of medical practice."

In that connection, the House referred to the Board a resolution that the Board set up a national forum on the solo practice of medicine for the purpose of examining the need for this type of physician care, public preference between solo and group practice and how solo practice should be encouraged."

A resolution was adopted that the Board attempt to change the terminology in the Medicare "Explanation of Benefits" form to eliminate the

confusion and criticisms which now exist. Another, referred to the Board, sought to have extended care facilities defined as residences so physicians may bill patients directly for portable x-ray services performed there.

In addition, the House reaffirmed "previous policies requesting that all efforts be made to eliminate recertification requirements under Medicare" and called on the Congress "to amend the laws and regulations pertaining to PL 89-97 to specifically permit direct billing to all Title 19 recipients."

The House also resolved that "The Board . . . take appropriate action seeking the establishment of a separate Department of Health headed by a Doctor of Medicine."

A resolution proposed that Congress establish within its control a "Committee on Rules and Policies of Federal Administrative Agencies" whose "responsibility it will be to review rules and policies promulgated by federal administrative agencies to determine that they are in accord with the legislative intent of the Congress." It was adopted in principle and referred to the Board and the Council on Legislative Activities.

MANPOWER

With respect to relationships and negotiations between the AMA and the osteopaths, the House accepted for information a Board report which stated, "In the absence of cooperative leadership on the part of the practicing osteopaths and osteopathic educators, accomplishments by the AMA are rendered difficult. Such leadership was forthcoming in California, and is now needed elsewhere. When this osteopathic leadership is developed, the AMA stands ready to cooperate to its utmost."

The House approved a Board report reviewing studies of the status of foreign medical graduates in the United States and directing the new Council on Health Manpower to take the steps necessary to complete plans for the organization and financial support of a commission, to be established outside of government, to coordinate fully all of the issues and activities involving FMG's.

EDUCATION, MEDICAL AND ALLIED

The House approved a Board report urging "that the constituent and component societies of the Association make every effort to insure that additional financial support for medical schools be obtained from all available sources. The Board and the Council on Medical Education further urge that all physicians individually recognize their debt as graduates of medical schools . . . by contributing regularly and generously to the financial support of medical schools through the 'Fund for Medical Schools' project" of the AMA-ERF and other appropriate channels.

The House referred to the Council on Medical Education a resolution protesting proposed changes in the "Essentials for Accredited Schools of Medical Technology" by the American Association of Clinical Pathologists which would eliminate approved schools of medical technology on the basis of size; and referred to the Board a resolution that osteopathic physicians be admitted to AMA approved hospital internship and residency programs under certain circumstances.

Also referred to the Board was a resolution to establish a joint commission on accreditation of nursing schools, with participation by the AMA, AHA, ANA and National League for Nursing.

The House resolved to urge the Board "in its selection of nominees for the Council on Medical Education to give full recognition to the importance of non-university affiliated hospitals

in providing effective educational experience;" and referred to the Board and its Council on Health Manpower a resolution that the AMA "establish guidelines for the benefit of constituent and component organizations in dealing with new, as well as emerging paramedical discipline as they come into being."

INFANT MORTALITY

The House approved a statement on infant mortality prepared by the Committee on Maternal and Child Welfare of the Council on Medical Service and submitted by the Board. The report included a number of recommendations, among which were these:

"Recognizing the fact that unfavorable environmental and socioeconomic factors as well as medical factors are involved in infant mortality, the medical profession should support all constructive community efforts for the improvement of living conditions among the needy."

"The AMA should inaugurate and support programs of health education, including good maternal and child health practices, family life and sex education and the appropriate use of health care resources."

"The AMA should give impetus to broad and inclusive programs for the care of the unwed mothers."

With respect to statistics, the AMA "should provide leadership in a program to obtain national uniform registration statutes for births and deaths . . . promote efforts through the World Health Organization and other authoritative bodies to bring about uniform registration requirements and . . . truly comparable statistics . . . and support educational programs directed toward physicians concerning the value of accurate uniform reporting."

Regarding quality and availability of care, "State and component societies should evaluate existing maternal and child care resources and take leadership in the expansion and development of programs for delivering services in locations found to be deficient."

The report urged that, where feasible, "perinatal death studies be conducted on a communitywide basis or by a hospital staff or medical group for the purpose of reducing infant mortality and providing educational programs;" and also recommended that the AMA "stimulate research into the cause and possible prevention and control of 'crib deaths' of infants."

TRANSPLANTATION AND GENERAL THOUGHT ON PATIENT CARE

A Judicial Council report was adopted on "Ethical Guide-lines for Organ Transplantation." One of several important guidelines was that "when a vital, single organ is to be transplanted, the death of the donor shall have been determined by at least one physician other than the recipient's physician. Death shall be determined by the clinical judgment of the physician. In making this determination, the ethical physician will use all available, currently accepted scientific tests."

A Council on Medical Service report on automated multiphasic screening, approved by the House, pointed out that tests used in "a multiphasic screening program should be relatively inexpensive and require little time to perform." All such screening programs should be subjected to the five criteria suggested by the former National Commission on Chronic Illness, namely, reliability; validity; yield of information; cost; and acceptance by physicians, individual laymen and the community.

The House resolved, in connection with proposals for a national compendium of approved drugs, that

"present quality standards imposed voluntarily by the American pharmaceutical industry should not be abridged or usurped by any federal agency, and . . . any drug compendium devised should be made available solely as a reference source of information."

HOSPITALS

Noting that new Standards for Hospital Accreditation are under way by the JCAH, the House resolved that the Board "direct the AMA Commissioners of the JCAH to arrange for the tentative draft of the new standards to be submitted to individual state associations for comment before final adoption."

The House again urged "that adequate representation of the medical staff on the voting membership of the hospital's governing body is the most effective mechanism for assuring a working communication, provided that the physicians serving on the governing board be nominated by the medical staff of the hospital."

Regarding use of paramedical personnel, the House recommended to the JCAH, AHA and its state and local chapters and to hospitals and other related facilities "that the practice of medicine . . . be preserved as the responsibility of the physician and that paramedical personnel not be placed in the position of practicing medicine whether by consent, design or contract;" and recommended "to the state and county medical societies and hospital staffs that they call attention to the dangers of contractural agreements which remove the services of paramedical personnel from the supervision of the physician."

PUBLIC RELATIONS

A Board report was adopted that reproduced a statement by the AMA's public relations counsel, Mr. Philip Lesly. Titled "Considerations for Coping with the New Climate involving Health Care," the statement pointed out many problems faced by the medical profession and urged that the "foundations of public relations for the profession" must be:

Practical — viewing each circum-

The New England Delegates to the June, 1968 AMA Convention.

stance in terms of the consequences of any action or position.

Positive – AMA should be the leader of action and thought on medicine; not in the position of reacting to than to matters initiated by others.

Anticipatory – AMA should be the master of change rather than its victim.

On the Initiative – fostering balanced, informed, widespread coverage of medicine and health care rather than to matters initiated by others.

Augmented by voices of respected laymen.

Selective – concentrating on activating AMA's program and priorities, with full knowledge it will mean passing up many things that appear to need attention but are not part of the over-all constructive plan.

ADDITIONAL ACTION

The House of Delegates may have been surprised at the demands of its uninvited guests, but apparently adjusting to dissent from youth, the usually staid House politely applauded one of its young invited guests. Mr. J. Clement Lucas, Jr., president of the Student American Medical Association was accorded this respect when he said that the concern of students is a symptom of an acute awareness of society's shortcomings and its failure to deal with complex problems.

With the close of the 1968 sessions, the House of Delegates took many bold steps which could be summarized in President Wilbur's closing statement. "We are amongst the most privileged of men to have this challenge, this opportunity to direct the course of human destiny, and welfare. Let us assume the challenge with confidence and statesmanship, so it can be said of us, 'They minister to the health of human society as well as to every man as an individual.' "

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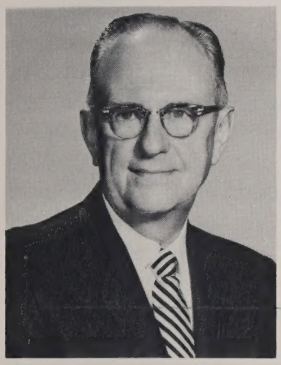

The AMA's House of Delegates has requested that the Joint Commission on Accreditation of Hospitals encourage the acceptance of physicians elected or appointed by the medical staff to the board of trustees with full voting rights, as the most effective form of liaison between the medical staff and the hospital governing authorities.

This is no longer a subject for academic discussion in today's hospital world. Trustees and administrators should work to bring this about for the following reasons:

spiraling hospital costs and the need for improving hospital efficiency; (The medical staff influences capital and operating costs more than any other group.)

the increasing emphasis on the governing board's responsibility for medical care rendered in the hospital;

the advice of various disciplines in the institution must be considered in the decision-making process;

changes brought about by health care legislation, regional medical plans and comprehensive planning.

In view of the above, perhaps "a physician on the board" would represent the community as a whole in addition to the medical staff. It should be our duty to urge all hospitals to include physicians on the "management team"; they have a lot to offer.

WAYNE C. BARNES, M.D.

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EXECUTIVE COMMITTEE MEETING HIGHLIGHTS

The Executive Committee met on June 14, in the Society's Conference Room. Dr. Barnes called the meeting to order at 8:05 P.M. Present were: Drs. Barnes, Stoler, Anton, Wiedman, Moore, Kelly, Suzor and Mrs. Purdy.

The minutes of the May meeting were read and accepted without any corrections.

LETTERS

A letter to Dr. Zarecki from Mayor Freedman was read. This was in response to Dr. Zarecki's complaint regarding payments for medical services on behalf of patients covered under Medicaid. Mayor Freedman suggested that the Welfare Department be contacted in the future.

The Committee voted to endorse "Community Health Week" as requested by the AMA. This will be held during the week of October 20 - 26, 1968.

A letter from Dr. Gephart, Secretary of the MMS about the new bylaws voted on at the Annual Meeting was discussed. This was referred to the Bylaws Committee to decide if changes are necessary. Dr. Burke, Chairman of the Nominating Committee, has already been notified about nominating the President, Secretary, Chairmen of Standing Committees of the MMS and Past Presidents of same to serve as Councilors.

A letter from Community Council concerning the program called "head-start" was read. No decision was made at the time, but Dr. Barnes is to investigate and implement appropriately.

A letter of thanks from the American Cancer Society was read for Hampden's participation in the recently held breast examination program.

Senator Donald Ryan wrote and thanked Dr. Griffin for his letter about H-4395, which pertained to the prescribing of generic drugs.

A letter from Connecticut General Life Insurance Company on negotiations with United Aircraft was read. These negotiations will probably take place in the fall, and the company will keep the Society informed.

COMMITTEE REPORTS

Dr. Shuman, Chairman of the Mental Health Committee, is setting up a meeting with school personnel on perceptually handicapped and dyslexic children. Dr. Cavanaugh, Chief Pediatrician at the St. Elizabeth's Hospital of Boston, has been invited to attend and talk to educators and pediatricians.

Mrs. Purdy gave the office report. The Blood Bank Committee and the Mental Health Committee have both held meetings in the Society's Con-

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NEXT MEETING

OF THE

HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: TUESDAY, SEPTEMBER 24, 1968
Business Meeting at 6:00 P. M. followed by
Social Hour at 7:00 P. M. and
*Dinner (Courtesy of Society) at 7:30 P. M.

PLACE: COTTAGE HILL RESTAURANT
Industrial Park
Springfield, Massachusetts

PROGRAM: COMMITTEE REPORTS from Chairman
By-law amendment, (see page 22)
Election of additional Councilors to the MMS
Presentation of certificates of membership
to new members

YOUR PRESENCE IS URGENTLY REQUESTED

Bruce B Stoler MD

BRUCE B. STOLER, M.D., *Secretary*

*If you must cancel your dinner reservation, please call the office before noon on September 24, 1968.

ference Room during the preceding month.

Mrs. Purdy attended the meeting of the Board of Directors of the Visiting Nurses Association. The situation is still unsettled. Miss Rooney, Director, has resigned and a new director is being sought.

NEW BUSINESS

Places to hold future district meetings were discussed. Suggestions were made: the Cottage Hill Restaurant in Springfield's Industrial Park, Vincent's Steakhouse in West Springfield, and Wyckoff Country Club in Holyoke. Mrs. Purdy is to investigate these places for prices, etc.

The September meeting of the Society will be devoted to committee chairmen who will give their goals for the coming year.

It was approved by the Committee to send Dr. Suzor, Public Relations Councilor, and Mrs. Purdy to Chicago in August to the AMA Communications Institute.

The Editorial Board of *The Hampden Hippocrat* was approved by the Committee. Dr. Ayres's suggestion that the Executive Councilor and the Executive Committee meet after each Executive meeting in Boston was accepted.

Dr. Bruce Alicandri was appointed as advisor for a one year period to the Hampden Association of Medical Assistants.

The meeting of the Executive Committee was adjourned at 10:10 P.M. but reconvened immediately thereafter as the Grievance Committee. Two grievances were heard, and appropriate letters will be written.

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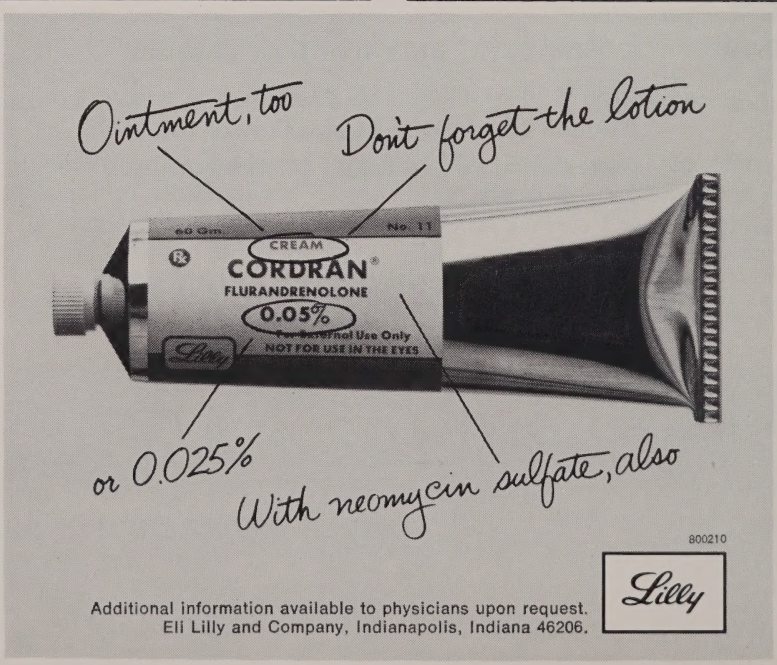

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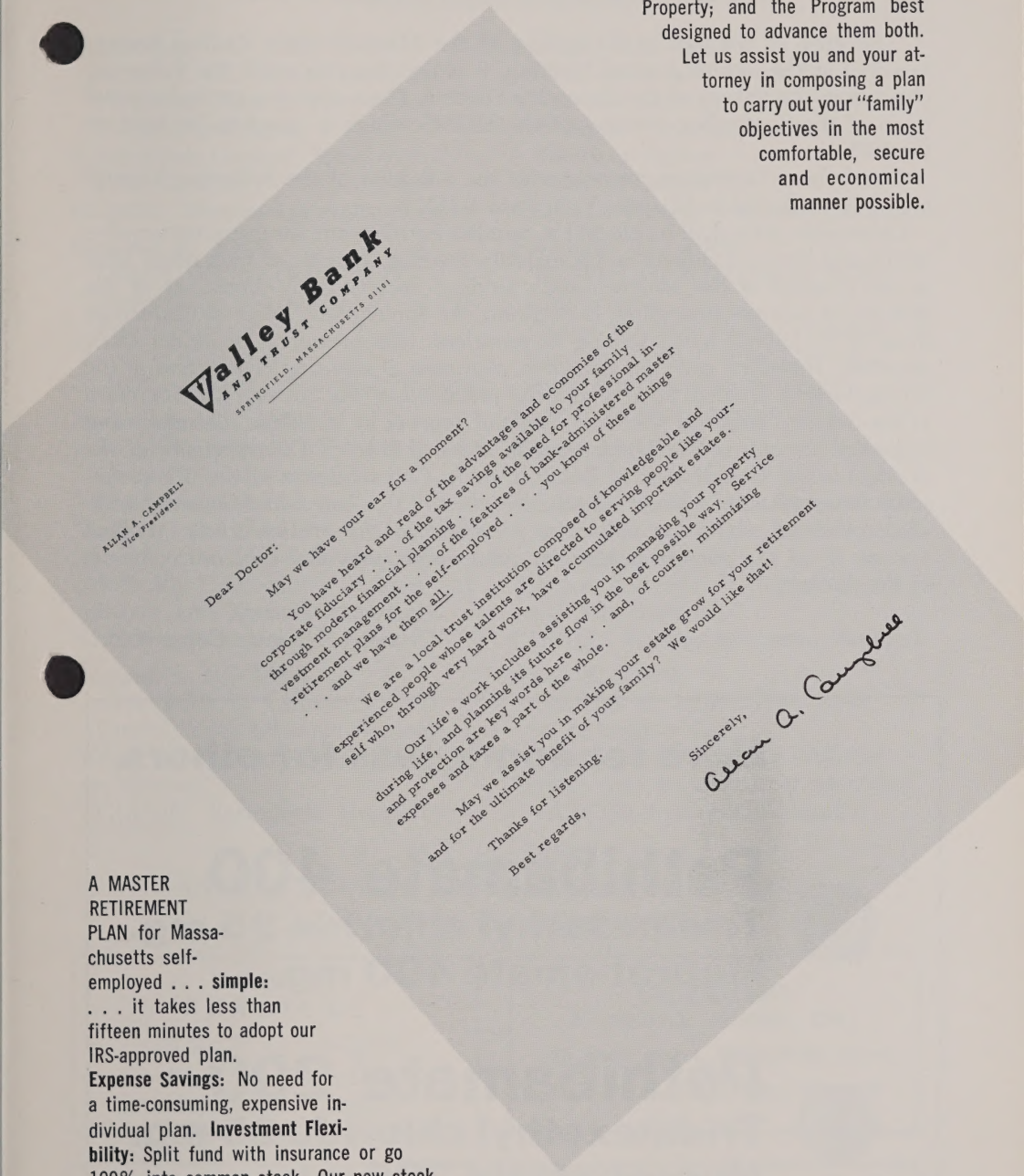
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Best regards,
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BYLAWS COMMITTEE

Because of changes in the bylaws of the Massachusetts Medical Society as voted at the latter's Annual Meeting, it is necessary to make the following changes in the bylaws of the Hampden District. These changes are to be voted upon at the September meeting of the HDMS which is going to be held on the 24th.

The Bylaws Committee recommends the adoption of the following amendment: Amendment to Chapter V, Section 1-(C)

Councilors, who shall be elected in number equal to one for every twenty-five active and senior members and a majority fraction thereof, or such other ratio as the Council of the Massachusetts Medical Society shall choose, as of the first day of January preceding. *In addition, the Society may select as Councilors those of its fellows while serving as president, vice president, president elect, secretary, treasurer, assistant treasurer, chairmen of standing committees of the Massachusetts Medical Society and the president of the Society, the Secretary of the Society, editor of the New England Journal of Medicine, president and executive director of the Massachusetts Medical Service, Commissioner of the Massachusetts Department of Public Health, Commissioner of the Massachusettts Department of Mental Health, president of the American Medical Association or those who have served as president of the Massachusetts Medical Society or of the American Medical Association, provided they are members of the Society.*

Harry N. Memery,
Chairman, Bylaws Committee

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PROGRAM — 1968-1969

September 10, 1968
ALAN F. GUTTMACHER, M.D.
President, Planned Parenthood - World Population
"Conception Control, Social and Medical Aspects"
CLINIC: Wesson Maternity Hospital

October 8, 1968
LOUIS WEINSTEIN, M.D.
Professor of Medicine - Tufts University
"Fever of Unknown Origin"
CLINIC: Wesson Memorial Hospital

November 12, 1968
MILTON HELPERN, M.D.
Chief Medical Examiner - New York City
"Problems and the Need for Improvement in the Official Investigation of Medically Unattended, Sudden, Suspicious, and Violent Deaths"
CLINIC: Providence Hospital

December 10, 1968
CLAYTON L. THOMAS, M.D.
United States Olympic Committee
"Effect of Vigorous Athletic Activity on Women"
CLINIC: Springfield Hospital

January 14, 1969
VIRGINIA APGAR, M.D.
Vice-President of Medical Affairs National Foundation - March of Dimes
"Healthy Babies"
CLINIC: Wesson Maternity Hospital

February 11, 1969
EDWIN O. WHEELER, M.D.
Cardiologist Massachusetts General Hospital
"Some Problems During Convalescence from Cardiac Surgery"
CLINIC: Providence Hospital

March 11, 1969
WILLIAM HOLLANDER, M.D.
Director of Hypertension and Atherosclerosis Unit, Massachusetts Memorial Hospitals
"Current Advance in Hypertension and Atherosclerosis"
CLINIC: Wesson Memorial Hospital

April 8, 1969
HENRY K. BEECHER, M.D.
Anesthetist-in-Chief Massachusetts General Hospital
"Ethics and Experimental Medicine"
CLINIC: Springfield Hospital

May 13, 1969
ANNUAL MEETING AND ELECTION OF OFFICERS
PROGRAM TO BE ANNOUNCED

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HAMPDEN CAPSULES

Dr. Antonio S. Dores transferred from Worcester to Hampden and is practicing internal medicine in Ludlow and Springfield.

Dr. William A. Yorzyk transferred from Norfolk to Hampden and is practicing anesthesiology.

Dr. Roland Cartier transferred to non resident member.

Dr. Bernard Wantman of Westfield transferred to non resident member.

Dr. Donald LaBrecque to non resident member in Forest Hills, New York.

Dr. Harlan Angier has retired from practice to Brookfield.

Dr. Robert O'Malley has been elected to the Board of Trustees of Trinity College in Hartford. Also Dr. O'Malley and son Sean made the July 22 issue of "Sports Illustrated" magazine.

Mrs. Donald R. Hayes was elected president of the Wesson Memorial Hospital Auxiliary.

Dr. Barnes, President, has appointed Dr. Alonzo Sheffield to serve on the Technical Advisory Pool (TAP) of the Model Cities Program on mental and physical health programs.

The film, "Parent to Child About Sex" has been used over the summer months at several educational programs. This film is owned by HDMS. If you know of some function that would like to borrow this film, suggest that they call HDMS office. It's for free!

Drs. Potsubay and Bronos presented scholastic awards at the nurses' graduation ceremonies at Holyoke Hospital.

"Local Doctors' Exhibit" was the title of the recent art show in Holyoke in which Drs. Potsubay, Joffe, Bagg, and the Shayevitzs exhibited.

Dr. Scott's son, Richard, W., Jr., was awarded the Harvard Prize Book from the Harvard Club of Boston, "for excellence in scholarship with achievement in other fields."

Dr. Norcross's son, Pliny, recently completed a two year assignment in the African desert nation of Niger for the Peace Corps.

Dr. Toutounghi was guest speaker at the graduating ceremonies of the Wesson Memorial Hospital radiologic technology course.

Dr. Theodore Schwartz closed his North End office after practicing medicine there since 1929. He will open a part time practice at 20 Maple Street.

Drs. Baldwin, Perlman, A. Hirschhorn, J. Smith, S. Goldberg participated in a program at AIC on learning disabilities.

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1898 - 1968

Dr. Elmer J. Harrington of 183 Madison Avenue, Holyoke, Mass., died at the Providence Hospital on August 1, 1968.

Born in Holyoke, Mass., on November 17, 1896, Dr. Harrington attended local schools, as well as Holy Cross College in Worcester, Mass. and graduated from Tufts Medical School in 1920. After serving an internship and residency at the Carney Hospital in Boston, Mass., he went on to serve a residency in radiology at the Boston City Hospital. Thereupon, he returned in 1926 to his native Holyoke, where he practiced radiology until his demise.

Dr. Harrington served on the medical staff of the Providence Hospital for many years as a radiologist and was president of the staff at one time. He was a diplomat of the American Board of Radiology and a member of the American College of Radiology, the AMA, the MMS, and the HDMS. A veteran of both World War I and II, he served his country with distinction in the U. S. Navy.

To his family, his many friends, and associates deepest sympathy is hereby extended.

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CORRESPONDENCE

NEW ENGLAND AT THE AMA

To the Editor:

The annual meeting of the American Medical Association, held in San Francisco this June, was of particular interest to Massachusetts and New England.

Massachusetts introduced four resolutions to the House of Delegates, all four of which were passed. The most significant of these resolutions was designed to reemphasize the AMA's position in opposition to racial discrimination, but more important asked for punitive measures to be clearly incorporated in the bylaws of the AMA. Following discussion of this before the Reference Committee to which it was assigned, a report was returned to the House offering a substitute and much less direct resolution. On the floor of the House however, the original resolution as written was adopted in full, and the appropriate bylaw changes will be presented to the House at its next meeting in December.

This action received nationwide attention, and the members of the Massachusetts Delegation have been congratulated for instituting this forthright action.

The second development of importance to Massachusetts and New England was the fact that I was honored by having the entire New England Delegation sponsor me for election to the Board of Trustees of the AMA. The fact that I lost this election by a small margin in a three way race in no way mitigated the impact that the New England Delegation made on the House of Delegates. I am deeply grateful to all the Delegates, not only from New England, but from many other states who worked hard for my election, and regret only that New England is still lacking representation on the Board. On the plus side, New England has made many friends throughout the House of Delegates, and has established itself as a group whose voice will be heard.

Sincerely yours,
Donald R. Hayes, M.D.
MMS Delegate to the AMA

H.D.M.S. GOLF DAY

The HDMS Golf Day was held on May 22, 1968, at the Elmcrest Country Club in East Longmeadow.

Dr. Donald Wetherbee was low gross and Dr. John Branciforte was runner-up. First low net score was won by Dr. Bruce Alicandri and second low gross by Dr. Joseph Stirlacci. Thirty-four members attended the dinner. A good time was had by all who attended.

Dr. Harry L. Roberts

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Left to Right: Front Row: Bruce B. Stoler, Secretary, HDMS; William M. Davis, Censor; Vivian M. Purdy, Exec. Sec.; Carl Brandfass, transferring new member; Lorne C. Smith, new member; Kermit L. Kenler, transferring new member. Second Row: Frederick Flatow, new member; Alan Janes, transferring new member; Carroll Bryant, President of the Springfield Academy of Medicine; August G. Asinas, new member; Irving Hoff. Censor. Third Row: Donald A. Forbes, new member; Malcolm S. Allen, Supervising Censor; John C. Ayres, Executive Councilor to the MMS; and Wayne C. Barnes, President of HDMS.

The eighth annual Indoctrination Dinner for new members of the HDMS was held at the Federal Hill Club in Agawam on June 5, 1968. During the past year there were eight new members and four transfers joining the Society.

After a most enjoyable social hour and dinner, Dr. Malcolm S. Allen welcomed the new members, who in turn introduced themselves respectively with a brief biographical sketch. Thereupon, the various other invited guests made presentations on various topics pertaining to physicians' responsibility to organized medicine at all levels as well as functions and operations of component medical organizations at the various levels, particularly, in the Hampden District. All in all, not only were cordial new friendships established but also some understandings engendered as to organized medicine's aims and problems.

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THE NEXT MEETING OF THE SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, OCTOBER 8, 1968 at 8:30 P. M.

SPEAKER: Louis Weinstein, M.D.
Professor of Medicine
Tufts Medical School

TOPIC: "FEVER OF UNKNOWN ORIGIN"

CLINIC: Wesson Memorial Hospital, 5:00 P. M.

MARK YOUR CALENDAR NOW!

MARK YOUR CALENDAR NOW!
HDMS MEETING, September 24
HDMS EXECUTIVE COMMITTEE MEETING, Oct. 15 and Nov. 19
MMS COUNCIL MEETING, BOSTON, October 9
AMERICAN UROLOGICAL ASSOCIATION, (N. E. SECTION, WHITEFIELD, N. H., October 13 - 16
AMERICAN COLLEGE OF SURGEONS, ATLANTIC CITY, Oct. 14 - 18
AMERICAN SOCIETY OF ANESTHESIOLOGISTS, WASHINGTON, D. C., October 19 - 23
AMERICAN ACADEMY OF PEDIATRICS, CHICAGO, October 19 - 25
AMERICAN COLLEGE OF GASTROENTEROLOGY, BOSTON, October 27 - 30
AMA CLINICAL MEETING, Miami Beach, December 1 - 4

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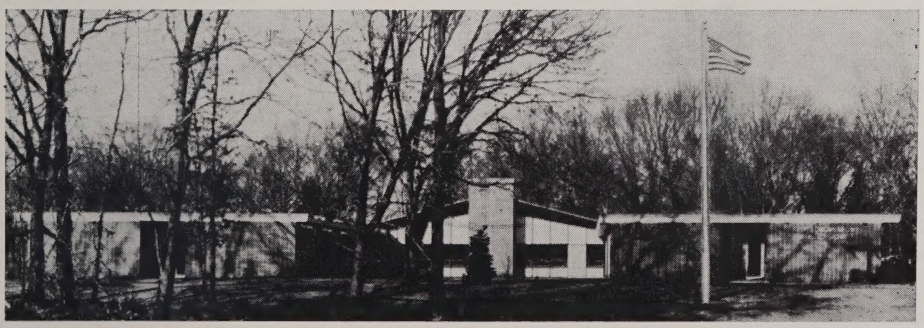

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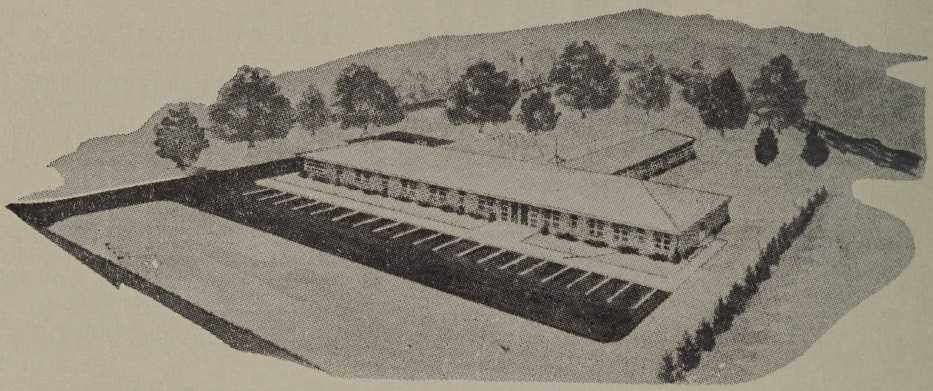

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